

- 942

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>148</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>398</u>	
Town of _____		Local Registrar's No. _____	
or		St. _____	Ward _____
City of <u>Globe</u>	(No. _____)		
FULL NAME OF CHILD <u>Francis Lucile Myers</u>		Born <input checked="" type="checkbox"/> YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive <input checked="" type="checkbox"/>	
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____
Legitimate? <u>yes</u>	Date of Birth <u>Aug 14, 1922</u>	(Month) (Day) (Yr.)	
FATHER		MOTHER	
Full Name <u>Frank C. Myers</u>	Full Maiden Name <u>Esther Clooney</u>		
Residence <u>Globe, Arizona</u>	Residence <u>Globe, Arizona</u>		
Color or Race <u>White</u>	Color or Race <u>White</u>	Age at last Birthday <u>23</u>	(Years)
Birthplace <u>Davis County, Oklahoma</u>	Birthplace <u>Leadville, Col.</u>		
Occupation <u>Chemist</u>	Occupation <u>Housewife</u>		
Number of Child of this mother <u>1</u>	Number of children of this mother now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child, and that it occurred on <u>Aug 14</u> 1922, at <u>7:25</u> P. M.			
{ *When there is no attending physician or midwife, then the householder should make this return. }		(Signature) <u>Alvin Kimmel M.D.</u>	(Attending physician, midwife, householder. *)
Given or Christian name added from a supplemental report _____ 1922		Address <u>Globe, Arizona</u>	<u>B. E. J. of</u>
642-814-538		Filed <u>9-5</u> 1922	A True Copy
COUNTY REGISTRAR.		LOCAL REGISTRAR.	
		COUNTY REGISTRAR.	